

Statement of Organization - Candidate Committee

Is this statement:

New Amended

Use this form to create a new or update an existing candidate committee.

This form must be accompanied by form CRO-3500. An amended form is required for each new election year.

1. Committee Information			
a. Name of Committee		d. ID Number	
Committee to Re-Elect Thomas Schronce			
b. Mailing Address (include City, State and Zip Code)		e. Date Organized	
1730 2nd ST PL SW Hickory		7/2/2021	
c. Committee Website (Optional)		f. Phone Number	
		828-302-7806	
2. Candidate Information			
a. Full Name		e. Party Affiliation	
Thomas L. Schronce		Non-Partisan	
b. Mailing Address (include City, State, and Zip Code)		f. Office Sought	
1730 2nd ST PL SW Hickory		Mayor	
c. Phone Number	d. Email Address	g. Next Election Year	h. Jurisdiction
828-302-7806	schroncesr@yahoo.com	2021	Brookford
<input type="checkbox"/> Email copy of report notices			
3. Treasurer Information		4. Assistant Treasurer Information	
a. Full Name		a. Full Name	
Thomas L. Schronce		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Mailing Address (include City, State, and Zip Code)	
1730 2nd ST PL SW Hickory			
c. Phone Number	d. Email Address	c. Phone Number	d. Email Address
828-302-7806	schroncesr@yahoo.com		
Send report notices by email <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Email copy of report notices	
5. Custodian of Books Information (Keeper of Records)		6. Account Information (incl. CRO-3500)	
a. Full Name		a. Financial Institution Full Name	
N/A		N/A	
b. Mailing Address (include City, State, and Zip Code)		b. Purpose	
c. Phone Number	d. Email Address	b. Account Code	c. Type
<input type="checkbox"/> Email copy of report notices			
<p>I certify that the Committee is in compliance with all applicable provisions of Article 22A of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct.</p> <p> <u>THOMAS L. SCHRONCE SR</u> <u>Thomas L Schronce Sr</u> <u>7-2-2021</u> Printed Name of Treasurer Signature of Appointed Treasurer Date </p> <p>I certify that the information above is correct, and I, as the candidate, appoint said treasurer to personally fulfill the duties and responsibilities imposed upon the appointed treasurer and subject to the penalties in Article 22A of Chapter 163 of the NC General Statutes.</p> <p> <u>THOMAS L. SCHRONCE SR</u> <u>Thomas L Schronce Sr</u> <u>7-2-2021</u> Printed Name of Candidate Signature of Candidate Date </p>			



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Certification of Threshold

This Certification is used to declare or withdraw a committee's intent to raise or spend \$1,000 or less in the current election cycle.

This Certification is only valid for political party committees and candidates for a county office, municipal office, local school board office, soil & water conservation district board of supervisors, or sanitary district board.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:

Committee Name: Committee to Re-Elect Thomas Schronce
Treasurer Name: Thomas L. Schronce
Treasurer Address: 1730 2nd ST PL SW
(include city, state, & zip) Hickory

Treasurer Phone: 828-302-7806

Check One:

I certify that this committee intends to neither receive nor expend more than \$1,000 during the current election cycle under the procedures set forth in G.S. 163-278.10A. This certification will remain in effect until the end of the election cycle for this committee. If this committee exceeds \$1,000 in contributions or expenditures during this election cycle, I understand that I must immediately notify the appropriate board of elections and file required campaign finance reports.

THIS DISCLAIMER CAN ONLY BE MADE AT THE BEGINNING OF AN ELECTION CYCLE.

 I am withdrawing my Certification to remain under the \$1,000 threshold. I will now be required to file the next scheduled report for all contributions and expenditures that have not been previously from the beginning of the current election cycle. I further agree to file all future reports required.

7-2-2021
Date Signed

Thomas L. Schronce Sr.
Signature



NORTH CAROLINA

STATE BOARD OF ELECTIONS

Candidate Designation of Committee Funds

This form is used by candidate committees only and allows the candidate to designate in the event of their death, how the committee's funds are to be disbursed using the eight allowable methods outlined in 163-278.16B(a).

This Designation is filed at the Board of Elections office where the committee's campaign reports are filed.

Candidate Name: Thomas L. Schronce

Committee Name: Committee to Re-Elect Thomas Schronce

Treasurer Name: Thomas L. Schronce

If Candidate is own treasurer, designate an agent to carry out designation: Avery Schronce

Committee ID#: _____

Level Registered: [State] [County] If county, specify: Catawba

I, Thomas L. Schronce hereby direct that in the event of my death or incapacity all
(Name of Candidate)

funds remaining in my Campaign Committee account(s) (after payment of permitted outstanding debts or reasonable expenses for winding up the Committee or closing office) be paid in the following manner as permitted by N.C. Gen. Stat. 163-278.16B(a).

<u>Name of Entity</u> <small>(Select from §163-278.16B(a))</small>	<u>Plan for Disbursement (eg. Amount or %)</u>
1. <u>St Jude's Hospital</u>	<u>100%</u>
2. _____	_____
3. _____	_____

By signing this form, I certify that the foregoing entities are eligible beneficiaries under N.C. Gen. Statute 163-278.16B(a). A copy of this form should be maintained with the Committee records.

Signature of Candidate: Thomas L. Schronce

Date: 2-2-2021